Filing Date Application Number CLAIMS ONLY Applicant(s) . Wax pe nsed for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT CLAIMS AS FILED Depend Indep Indep Depend Depend Indep Indep Depend Depend Indep | Depend Indep 51 52 53 54 55 56 57 58 59 60 10 62 11 12 64 65 66 13 14 15 69 18 19 20 21 22 70 71 72 73 74 75 25 26 76 77 27 28 78 79 80 81 82 83 1 85 86 87 88 37 38 89 90 **3**9 91 92 93 94 95 96 41 97 47 48 98 49 50 100 Total Total Indep Indep Total Total Depend Depend Total Total